

N. B.—WRITE PROMPTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

894

1. PLACE OF DEATH

County Wicomico

Village or City Mardella Springs

166-61

Registration Dist. No. 330

St.

Ward

Length of residence in city or town where death occurred 80 yrs. 11 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas Adams

(a) Residence: No. Mardella Springs, Md.

No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Jane Adams

6. DATE OF BIRTH (month, day, and year) January 6, 1856

7. AGE 80	Years	Months 11	Days 27	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Mardella Springs
(State or country) Maryland

13. NAME James Adams

14. BIRTHPLACE (city or town) Laurel
(State or country) Delaware

15. MAIDEN NAME Ellen Walker

16. BIRTHPLACE (city or town) Mardella Springs
(State or country) Maryland17. INFORMANT John L. Adams
(Address) Mardella Springs, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mardella Springs Date Jan. 5, 1937

19. UNDERTAKER J. J. Frampton & Son
(Address) Federalsburg, Maryland20. FILED JAN - 5 1937 W. Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 3
(Month) (Day)1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 11, 1936, to Jan 2, 1937, 1937

I last saw him alive on Jan 2, 1937; death is said to have occurred on the date stated above, at 7:15 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Jan 7 Voter

General debility

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

F. C. Dunn
Registrar of Deaths
M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

May 1, 1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

895

1. PLACE OF DEATH

County HanoverVillage or City ParsonburyLength of residence in city or town where death occurred 79 yrs.No. R.F.D. #2Registration Dist. No. 333St. 5 Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. R.F.D. #2

(Usual place of abode)

If U. S. Veteran, specify WAR

St. 5 Ward. Parsonbury Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX 4. COLOR OR RACE Male White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED OR DIVORCED

(write the word)

HUSBAND of

WIFE of

Son of

Daughter of

Brother of

Sister of

Niece of

Nephew of

Other relative of

Friend of

Other relative or friend of

Relative of deceased

Friend of deceased

Other relative or friend of deceased

Other relative of deceased

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Friend of deceased

Other relative or friend of deceased

Other relative of deceased

Friend of deceased

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
<i>RECEIVED</i>	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

896

1. PLACE OF DEATH

County HancockVillage or City Salisbury

97

Registration Dist. No. 333St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME John Anderson(a) Residence: No. Salisbury, P. T. B., Md. St. Ward.

(Usual place of abode)

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

6. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHettie Crawford.

6. DATE OF BIRTH (month, day, and year)

May 21, 1860

7. AGE

Years 76 Months 7 Days 13 If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1933 11. Total time (years) spent in this occupation 50 yrs.12. BIRTHPLACE (city or town)
(State or country)Near Salisbury
Maryland13. NAME Grace Anderson14. BIRTHPLACE (city or town)
(State or country)Near Salisbury
Maryland15. MAIDEN NAME Malston, Ellen16. BIRTHPLACE (city or town)
(State or country)Near Salisbury
Maryland17. INFORMANT Minnie Anderson(Address) Salisbury, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Near Local Building Date Jan. 6, 193719. UNDERTAKER The Hill & Johnson Co(Address) Salisbury, Md.20. FILED Jan 6, 19378. May Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 4

(Month)

(Day)

1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 8, 1936, to Jan. 4, 1937I last saw h. in alive on Jan. 4, 1937; death is said to have occurred on the date stated above, at 11:55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis
SenilityDate of onset
unknown

Unknown

Other Contributory Causes of Importance:

Chronic, superficial
ulcerations of dependent mouth
gasterName of operation none Date of 1937What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Grace Anderson M. D.(Address) Salisbury, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	FER 8 1927	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	SURNAME V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
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Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

897

1. PLACE OF DEATH Dr. Mann 157-8

County Salisbury Registration Dist. No. 333

Village or City Salisbury St. 13 Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. 19 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Elwood Delano Bailey If U. S. Veteran, specify WAR

(a) Residence: No. 321. E. Nine St. 13 Ward

(Unusual place of abode) Salisbury Md. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
<u>Male</u>	<u>White</u>	<u>Single</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Dec. 13, 1936</u>				
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
0	0	19		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>				
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (city or town) (State or country) <u>P. B. Hospital</u> Salisbury Md.				
13. NAME <u>Franklin Bailey</u>				
14. BIRTHPLACE (city or town) (State or country) <u>Mango</u> Md.				
15. MAIDEN NAME <u>Fannie Pusey</u> Salisbury Md.				
16. BIRTHPLACE (city or town) (State or country) <u>None</u> Salisbury Md.				
17. INFORMANT <u>Franklin Bailey</u> 321. Nine st. Salisbury Md.				
18. BURIAL, CREMATION, OR REMOVAL Place: <u>Home Cem.</u> Date: <u>Jan. 2 / 37</u>				
19. UNDERTAKER <u>Holloway & Co.</u> Salisbury Md.				
20. FILED <u>Jan 2, 1937</u> B. May, Turner				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 2 1937

(Month) Jan (Day) 2 (Year) 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 13, 1936, to Jan 2, 1937. I last saw him alive on Jan 2, 1937; death is said to have occurred on the date stated above, etc. 12:05 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia Date of onset Dec 13 1936
Open Foramen Ovalis

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Henry R. Mann M. D.
(Address) Salisbury Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	FEB 6 1927	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

898

1. PLACE OF DEATH

County WicomicoVillage or City SalisburyLength of residence in city or town where death occurred. 10 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Georgianna Ballard(a) Residence: No. Lake St Extended
(Usual place of abode)Registration Dist. No. 333Ward 13No. Peninsula Genl HospitalWard 13

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

St. 9 Ward. Salisbury Md

If nonresident, give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

 Female

4. COLOR OR RACE

a. a.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGeorge Ballard

6. DATE OF BIRTH (month, day, and year)

Mar. 16, 1864

7. AGE

Years
72Months
10Days
3If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Housework9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Aug - 193611. Total time (years)
spent in this
occupation all life12. BIRTHPLACE (city or town)
(State or country) Rock-a-walkin
Maryland13. NAME Senox Birkhead14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Elizabeth - Birkhead16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Mrs. Bethesda Wilson
(Address) Lake St. Ext. Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Rock-a-walkin, Date: Jan. 24, 193719. UNDERTAKER James F. Stewart
(Address) 402 E Church St. Salisbury Md20. FILED Jan 22, 1937 S. May Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 19
(Month) 1937
(Day) 1937
(Year)22. I HEREBY CERTIFY. That I attended deceased from
Dec 31, 1936, to Jan 19, 1937
I last saw h. alive on Jan 18, 1937; death is said
to have occurred on the date stated above, at 7:45 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:cardiogenic
infarct

Date of onset

1936

Other Contributory Causes of importance:

Name of operation no Date of 1937What test confirmed diagnosis? labor Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

M. D.
Georgianna Ballard
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

899

1. PLACE OF DEATH

County WicomicoVillage or City Salisbury MDLength of residence in city or town where death occurred 15 yrs.Registration Dist. No. 333St. 5 Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)
No. 1770 #3 St. Wardmos. ds. How long in U. S. if of foreign birth? Yrs. mos. ds.

2. FULL NAME

M. Melissa E. Buttingham(a) Residence: No. Salisbury RTD #3 St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widow6a. If married, widowed, or divorced
HUSBAND or
(or) WIFE ofAsaph Buttingham

6. DATE OF BIRTH (month, day, and year)

Jan. 3, 1855

7. AGE

82

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.at Home9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)193511. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Near SalisburyMD

FATHER

13. NAME Gillott Parsons

MOTHER

14. BIRTHPLACE (city or town)
(State or country)Near SalisburyMD

MAIDEN NAME

Hester E. MiddletonBIRTHPLACE (city or town)
(State or country)PittsvilleMD

INFORMANT

Mrs. Martha G. WorthingtonRTD #3 Salisbury MD

(Address)

BURIAL, Cremation, or Removal

Buttingham CemeteryDate Jan. 7, 1937

Place

Date

Undertaker

Holloway & Co.Salisbury MD

Address

FILED

Jan 7, 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 4

(Month) (Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 23, 1936, to Jan. 4, 1937I last saw him alive on Jan. 4, 1937; death is said to have occurred on the date stated above at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Artificial Stomach

Date of onset

1936

Other Contributory Causes of importance:

Catarrhal PeritonitisDec. 28

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, or in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signature) Charles P. Brown M. D.(Address) Salisbury MD

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	FEB 6 1937 Date of onset 1921
Cerebral hemorrhage	July 5, 1927 Date of onset V. S.

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	Date of onset 1 week ago
Peritonitis	Date of onset 3 days ago

Other contributory causes of importance:

Other contributory causes of importance:	
Gallstones	Date of onset May 1, 1923

Other contributory causes of importance:

Other contributory causes of importance:	Date of onset Gastroenteritis 1 year
--	--

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

900

1. PLACE OF DEATH

County HarfordVillage or City Shadstown and

No.

Registration Dist. No. 335

St.

Ward

Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Josephine Connor(a) Residence: No. Shadstown and
(Usual place of abode)

If U. S. Veteran, specify WAR

St. 0 Ward. 0

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female a. a. Widow
If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Connor

6. DATE OF BIRTH (month, day, and year)

Feb 15 1873

7. AGE

Years 63Months 10Days 17If LESS than
1 day, 0 hrs.
or 0 min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Aug 25th11. Total time (years)
spent in this
occupation 26 yrs12. BIRTHPLACE (city or town)
(State or country)Linkwood and

MOTHER FATHER

13. NAME

Joshua Thomas14. BIRTHPLACE (city or town)
(State or country)Linkwood

15. MAIDEN NAME

Mary J. Holloway16. BIRTHPLACE (city or town)
(State or country)Linkwood and

17. INFORMANT

William Thompson
(Address) Madilla and

18. BURIAL, CREMATION, OR REMOVAL

Place Gran Cem. and Date Jan 4, 1937

19. UNDERTAKER

James H. Stewart
(Address) Salisbury and

20. FILED

Jan 4, 1937 Mary E. Mann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan
(Month)2
(Day)1937
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1 1936 to Jan 1 1937I last saw him alive on Jan 50, 1937; death is said
to have occurred on the date stated above, at 10:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Syphilitic
syphilitis

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) M. E. Mann M. D.
(Address) Shadstown

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Example I		Date of onset
The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis		1915
Chronic interstitial nephritis	RECEIVED	1921
Cerebral hemorrhage		July 5, 1922
Other contributory causes of importance:	FEB 18 1937	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:		Date of onset
<i>Attack of epilepsy</i>		1 week ago
<i>Run over by street car</i>		1 week ago
<i>Peritonitis</i>		3 days ago
Other contributory causes of importance:		
<i>Gastroenteritis</i>		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

901

1. PLACE OF DEATH

County HanoverVillage or City Sabiney Md.Dr. Dailey

(131)

Registration Dist. No.

333

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. Camden Ave Ext St. 13 WardLength of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Edie P. Chelton(a) Residence No. 1170 Camden Ave Ext St. 13 Ward. Sabiney Md

(Usual place of abode)

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

White

5. SINGL^E, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJohn Chelton

6. DATE OF BIRTH (month, day, and year)

Aug. 26-1880

7. AGE Years 56 Months 5 Days 4If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Jan. 23-37

11. Total time (years) spent in this occupation

at Home12. BIRTHPLACE (city or town)
(State or country)Kingston13. NAME Joseph Colman Buttingham14. BIRTHPLACE (city or town)
(State or country)Princetown15. MAIDEN NAME Sallie Colman16. BIRTHPLACE (city or town)
(State or country)Princetown17. DEPARTMENT
(Business)Ester Chelton

18. BURIAL, CREMATION, OR REMOVAL

Place Montgomery Date Feb. 3, 193719. UNDERTAKER
(Address)Holloway & Co.

20. FILED

Feb. 3, 1937

S. May Turner

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 31, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 20 1936, to Jan. 31, 1937I last saw her alive on Jan. 31, 1937; death is said to have occurred on the date stated above, at 7:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Fav. & Heart

Data of onset

1937

Other Contributory Causes of importance:

Ch. Int. & Nephritis

1936

Name of operation

Date of

What last confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Dr. Dailey

M. D.

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
FEB 6 1937	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

902

1. PLACE OF DEATH

County WicomicoVillage or City Willards Md. R.D. 1 (outside)Length of residence in city or town where death occurred 82 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

820

Registration Dist. No. 332St. Ward

2. FULL NAME

(a) Residence: No. 101 Pleasant

(Usual place of abode)

mos. 0 ds. 0 How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.If U. S. Veteran, specify WAR No.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Male white widower

5a. If married, widowed, or divorced

HUSBAND of
~~(ex-wife)~~

6. DATE OF BIRTH (month, day, and year)

No. 9 / 10 / 1854

Years

Months

Days

If less than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationFarming

12. BIRTHPLACE (city or town)

(State or country)

Willards Md

MOTHER FATHER

13. NAME Thomas G. Dennis14. BIRTHPLACE (city or town)
(State or country)unknown

15. MARRIED NAME

"16. BIRTHPLACE (city or town)
(State or country)unknown17. INFORMANT
(Address)Thomas G. Dennis
Willards Md. R.D. 1

18. BURIAL, CREMATION, OR REMOVAL

Place Whaleyville Date Jan. 23, 193719. UNDERTAKER
(Address)M. Parker Watson
Selbyville Del20. FILED
(Date)Jan. 23, 1937 Lillian R. Davis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 20

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

January 11, 1937 to date of death
last saw him alive on Jan. 19, 1937; death is said
to have occurred on the date stated above, at 7 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral hemorrhageDate of onset
Jan. 23, 1937

Other Contributory Causes of Importance:

HypertensionUpper respiratory infection1930

1-17-37

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Frank L. Lewis M. D.
(Address) Willards Md

95
b
61

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

903

1. PLACE OF DEATH

County WicomicoVillage or City Salisbury, Md.Length of residence in city or town where death occurred 1 yrs.

210-m

Registration Dist. No. 333

13

St.

Ward

No. Pen. Gen. Hospital St. 13 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. mos. 0 ds.2. FULL NAME Cynthia Rachel Ewell(a) Residence: No. New Church, Va.St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 10 - 1920

7. AGE <u>16</u> Years	Months <u>4</u>	Days <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

ff. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Hollywood, Va.13. NAME Chas. T. Ewell14. BIRTHPLACE (city or town)
(State or country) Mappsville, Va.15. MAIDEN NAME Anna C. Hickman16. BIRTHPLACE (city or town)
(State or country) Hollywood, Va.17. INFORMANT My Chas T. Ewell
(Address) New Church, Va.18. BURIAL, CREMATION, OR REMOVAL
Place Graceland, Va. Date Jan 30, 193719. UNDERTAKER J. D. Johnson
(Address) Port Royal, Va.20. FILED Jan 29, 1937 S. May Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan

28

(Month)

1937

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 27, 1937 to Jan 28, 1937; death is said to have occurred on the date stated above, at 2:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured skullDate of onset
Jan 27, 1937

Other Contributory Causes of Importance:

Emphysemafever

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical TX-19 Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 27, 1937Where did injury occur? On bridge road (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public PlaceManner of injury Automobile accidentNature of injury Fractured skull24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address)

M. D.

Fractured skull
Salisbury, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	FEB 6 1937	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

904

1. PLACE OF DEATH

County

Hagerstown

Village or City

Delmar

452

Registration Dist. No.

11-336

Length of residence in city or town where death occurred

35

yrs. mos. ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Henry Marion Greene

(a) Residence: No. 207 Park Ave. So

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
Male	White	Married	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
Emma Greene			
6. DATE OF BIRTH (month, day, and year)			
Feb 15, 1854			
7. AGE	Years	Months	Days
	82	10	27
			IF LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Watlow's Retired
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Pennsylvania Railroad
	10. Date deceased last worked at this occupation (month and year)	Jan 1924
	11. Total time (years) spent in this occupation	35 yrs.

12. BIRTHPLACE (city or town) (State or country)	Delmar
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13. NAME	Henry M. Greene
14. BIRTHPLACE (city or town) (State or country)	Delmar

15. MAIDEN NAME	Mary Vincent
16. BIRTHPLACE (city or town) (State or country)	Maryland

17. INFORMANT	Henry Marion Greene
(Address)	Delmar, Del.

18. BURIAL, CREMATION, OR REMOVAL	Delmar, Del.
Place	By H. M. Greene
	Date 1-14-1937

19. UNDERTAKER	Hill & Green
(Address)	Delmar, Del.
	Entered May 14, 1937
	Harry S. Hudson
	Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan
(Month)12
(Day)1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 1936, to Jan 12, 1937.
I last saw him alive on Jan 11, 1937; death is said
to have occurred on the date stated above, at 1:25 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Monday evening
of liver & stomach
(Primary on Liver removed
sural gen. eye.)

Other Contributory Causes of importance:

Acute dilatation of heart & liver

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) _____ M. D. _____

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Date of onset

Example 11

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

1915
1921
July 5, 192

Attack of epilepsy
Run over by street car
Peritonitis.

1 week ago

Other contributory causes

100

Other contributory

Aug. 29

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

905

1. PLACE OF DEATH

County Washington 122@
Village or City Sabiney Md.

Registration Dist. No. 333Length of residence in city or town where death occurred 72 yrs.(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. Pine & Pine
(Usual place of abode)

If U. S. Veteran specify WAR

St. 13 Ward, Sabiney Md.
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

(HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>3</u>	<u>20</u>	

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at
this occupation (month and
year) 1928

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

David Taylor14. BIRTHPLACE (city or town)
(State or country)

15. MATURE NAME

Mary McBrown16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)C. E. Guthrie

18. BURIAL, CREMATION, OR REMOVAL

Place Parsons Cemetery Date Jan. 8, 193719. UNDERTAKER
(Address)Holloway & Co.

20. FILED

Jan 8, 1937 B. May Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 5 1937
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

See 27, 1936 to Jan 5, 1937I last saw her alive on Jan 5, 1937; death is said
to have occurred on the date stated above, at 11:53 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Intestinal Obstruction Dec 27

Other Contributory Causes of importance:

Diarrhea 1925Name of operation none (refused) Date ofWhat test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of Injury 19Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) John W. May M. D.(Address) 122 Pine & Pine M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	1921

RECEIVED

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

1915

1921

July 5, 1927

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

906

1. PLACE OF DEATH

County WicomicoVillage or City Salisbury

(15)

Registration Dist. ND.

333

St. 13 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard

(a) Residence: ND.

(Usual place of abode) Lebou, Md.

If U. S. Veteran, specify WAR

St. 16 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

6. If married, widowed, or divorced

HUSBAND of Calvin Langdon
(or) WIFE of Howard

6. DATE OF BIRTH (month, day, and year)

Dec. 11, 1859

7. AGE

about 99

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

1934

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Maryland

MOTHER

FATHER

13. NAME William Howard14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME Clara Hall16. BIRTHPLACE (city or town)
(State or country)

Delaware

17. INFORMANT Mr. George C. Bounds,
(Address) Method, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Funeral, Md. Date 1/5/37, 1919. UNDERTAKER The Hill & May Co.,
(Address) Salisbury, Md.20. FILED Jan 5, 1937 by May Turner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Unknown

(Month)

(Day)

193

22. I HEREBY CERTIFY. That I attended deceased from

19...

to

19...

I last saw him Elva on 19 death is said
to have occurred on the date stated above, at 19 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Disappeared about Dec. 12th was
afterward found in river
drowned & marion a. Humphrey

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Data of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Unknown Date of Injury Not known 19Where did injury occur? found drowned in River (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

This person was found in river (Specify city or town, county and State)after being missing about (Specify city or town, county and State)four weeks (Specify city or town, county and State)24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) May of Humphrey & May Co. M. D.(Address) Salisbury, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis	Feb 6	1937
Chronic interstitial nephritis	PAU V. S.	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
		Attack of epilepsy
		Run over by street car
		Peritonitis

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

907

1. PLACE OF DEATH

County WicomicoRegistration Dist. No. 333Village or City Salisbury, Md.If death occurred in a hospital or institution, give its NAME instead of street and number Pensacola General Hospital(Length of residence in city or town where death occurred still born)yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Hudson, Baby Boy.(a) Residence No. Bishop

(Usual place of abode)

S. Ward. Ma.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word)
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21. DATE OF DEATH Jan 13

(Month)

(Day)

, 1937 (Year)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Jan 13, 1937

7. AGE Years <u>newborn</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
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22. I HEREBY CERTIFY, That I attended deceased from

, 1937, to, 1937

; death is said

I last saw him alive on

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:still born

Date of onset

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	<u>newborn</u>
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

Other Contributory Causes of importance:

still born12. BIRTHPLACE (city or town)
(State or country) Salisbury
Maryland13. NAME Ollie Franklin Hudson14. BIRTHPLACE (city or town)
(State or country) Bishops
Maryland15. MAIDEN NAME Rosebie Mae Benson16. BIRTHPLACE (city or town)
(State or country) Bishops
Maryland17. INFORMANT Pensacola General Hospital
(Address) Salisbury, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Bishopsville Date Jan 14, 193719. UNDERTAKER Mrs. Pasha Watson
(Address) Belleville, Del.20. FILED Jan 13, 1937 At May Turner
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? dead fetus Was there an autopsy? no

3. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 1937Where did injury occur? Salisbury, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. G. Anderson

M. D.

(Address) Salisbury, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	FEB 6 1937	1921

Other contributory causes of importance:	RECEIVED	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	RECEIVED	
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

908

1. PLACE OF DEATH

County WicomicoVillage or City Bivalve, MdLength of residence in city or town where death occurred 11 yrs.

942

Registration Dist. No. 337St. Ward No. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Thomas A. Garrett(a) Residence: No. Bivalve, Md

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJean Garrett6. DATE OF BIRTH (month, day, and year) June 3 1857

7. AGE

Years 78Months 7Days 7If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. oysterman9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Dec. 193711. Total time (years) spent in this occupation 60 yrs12. BIRTHPLACE (city or town)
(State or country) Bivalve

MOTHER

FATHER

13. NAME Hazard Garrett14. BIRTHPLACE (city or town)
(State or country) Bivalve15. MAIDEN NAME Sarah A. Dayton16. BIRTHPLACE (city or town)
(State or country) Baltimore, Md17. INFORMANT Mrs. Mary Fields
(Address) Bivalve, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bivalve, Md Date Jan. 18, 193819. UNDERTAKER Mrs. L. M. Fields & Sons
(Address) Bivalve, Md20. FILED 1-11, 1937 P. D. M. D. P. D. M. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 10, 1938
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from Jan. 5, 1938 to Jan. 10, 1938I last saw him alive on Jan. 10, 1938; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary
embolies.

Date of onset

Other Contributory Causes of importance:

Sent Adrenocleaves

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) S. Allen Fields M. D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage		1921
	FEB 6 1937	July 5, 1927
Other contributory causes of importance:	BUREAU V. S.	
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

909

1. PLACE OF DEATH

County MarylandVillage or City DelmarLength of residence in city or town where death occurred 54 yrs.

No.

Registration Dist. No. 1132St. 11 Ward 32(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 0 ds. 0 How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.2. FULL NAME Susan Gertrude Jones(a) Residence: No. Delmar 2nd
(Usual place of abode)St. 11 Ward 32

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married5a. If married, widowad, or divorced
HUSBAND of
(or) WIFE ofSamuel J. Jones

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years <u>54</u>	Months <u>5</u>	Days <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
-----------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Hauswif
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) Mar 1935 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town)
(State or country) Delmar 2nd13. NAME Willie Head14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAREN NAME Willie Stevens16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Samuel J. Jones
(Address) Delmar 2nd18. BURIAL, CREMATION, OR REMOVAL
Place M. D. Cem Date Jan 10, 193719. UNDERTAKER Willie S. Moore
(Address) Delmar 2ndJan 11, 1937 Harry E. Hudson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 6
(Month) 6 (Day) 1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Apr 1, 1936 to Jan 6, 1937
I last saw h. 2 alive on Jan 6, 1937; death is said to have occurred on the date stated above, at 2:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis
& Chronic nephritis 2 yrs
Date of onset

Other Contributory Causes of importance:

Acute Distention of heart two months

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. E. Hudson M. D.
(Address) Delmar Park

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1, 1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

910

1. PLACE OF DEATH

County Wicomico
Village or City Talbot

103

Registration Dist. No. 331

St.,

Ward

Length of residence in city or town where death occurred 17 yrs. 8 mos. 8 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Shirley Joseph(a) Residence: No. 103

(Usual place of abode)

St. MD Ward. 103

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE col.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) July 1, 19357. AGE 1 Years 176 Months 8 Days 1 If LESS than
1 day, 0 hrs. 0 min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Housewife9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. 10. Date deceased last worked at
this occupation (month and
year) 11. Total time (years)
spent in this
occupation 1/212. BIRTHPLACE (city or town)
(State or country) Salisbury13. NAME Toskey Joseph14. BIRTHPLACE (city or town)
(State or country) Metipquin15. MAIDEN NAME Sarah Bailey16. BIRTHPLACE (city or town)
(State or country) Metipquin17. INFORMANT Toskey Joseph
(Address) 103 Talbot18. BURIAL, CREMATION, OR REMOVAL
Place Metipquin Date Jan. 9, 193719. UNDERTAKER Mrs. C. Messick & Sons
(Address) Talbot20. FILED Jan 9, 1937 M. J. Wallace
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 9, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 7, 1937 to Jan 8, 1937I last saw he alive on Jan 8, 1937; death is said
to have occurred on the date stated above, at 103 Talbot.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:TalbotPneumonia

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) S. Allen

M. D.

(Address) Montgomery Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	FEB 5 1937	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	July 5, 1927	1921

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

911

1. PLACE OF DEATH

County *Wicomico*Village or City *Salisbury*Length of residence in city or town where death occurred *15* yrs.

93-2

Registration Dist. No. *333*St. *9* Ward *9*

Ward

No. *W. Main St.*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. *0* ds. How long in U. S. If of foreign birth? *0* yrs. *0* mos. *0* ds.2. FULL NAME *Maria Ellen Kenney*(a) Residence: No. *Salisbury Md.*

(usual place of abode)

St. *9* Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F*4. COLOR OR RACE *white*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *Widowed*5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF*Edward Kenney*

6. DATE OF BIRTH (month, day, and year)

March 7 1843

7. AGE

Years *93*Months *10*Days *?*If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) *1936*11. Total time (years)
spent in this
occupation *life*12. BIRTHPLACE (city or town)
(State or country)*White Haven**Md.*

MOTHER FATHER

13. NAME *Unknown*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Unknown*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Mrs. James A. Kenney Sr.*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Green Hill Cem.* Date *1/31/37*, 19*37*19. UNDERTAKER *Mr. S. B. Meacham & Sons*
(Address)20. FILED *Jan 31, 1937* & *May Turner*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 28(Month) *1* (Day) *1937* (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 26, 1937 to *June 28, 1937*
I last saw her alive on *June 27, 1937*; death is saidto have occurred on the date stated above, at *9:00* A. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Clear myocarditis* Date of onset *1935*

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury *1937*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

May Turner M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	FEB 6 1937

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	FEb 6 1937

BUREAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

May 1, 1923

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

913

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Stronach*Village or City *Sharptown*

159

Registration Dist. No.

335

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Joseph Morgan

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 11, 1937

7. AGE

Years

Months

Days

If LESS than
a day, *4* hrs.
OR min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Md.*

13. NAME

*Joseph Morgan*14. BIRTHPLACE (city or town)
(State or country)*Md.*

15. MAIDEN NAME

*Maith C. Owens*16. BIRTHPLACE (city or town)
(State or country)*Md.*

17. INFORMANT

(Address)

*Joseph Morgan**Sharptown Md*

18. BURIAL, CREMATION, OR REMOVAL

Place

Riverton

Date

Jan. 11, 1937

19. UNDERTAKER

(Address)

*H. J. Gravener & Son**Sharptown Md*20. FILED *Jan. 11, 1937* *Mary E. Mann*

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*Jan**11**1937*

22. I HEREBY CERTIFY, That I attended deceased from

Jan 11, 1937 to *Jan 11, 1937*I last saw him alive on *Jan 11, 1937*; death is saidto have occurred on the date stated above, at *10:45* a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Pneumonia Birth.*

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

H. J. Gravener

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

18 1931
Date of onset

1915

1921

July 5, 1927

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

1 week ago

1 week ago

3 days ago

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1, 1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

914

1. PLACE OF DEATH

County WicomicoVillage or City Sabiney Md.Length of residence in city or town where death occurred 40 yrs.Registration Dist. No. 333 St. 5 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

(a) Residence: No. 703 E. Church

(Usual place of abode)

U. S. Veteran specify WAR

St. 5 Ward, Sabiney Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)6a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation, month and
year11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 28 1937

(Month)

(Day)

7
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

19

to

I last saw him _____ alive on _____, 19____; death is said
to have occurred on the date stated above, at 9:15 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Diabetes Mellitus Jan. 14
Stargardt with Angulation 1937
Left Leg

Date of onset

Other Contributory Causes of importance:

Diabetes Mellitus 1927
Stargardt with Angulation 1932
Left Leg

Date of

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Sabiney Md.

Member of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Charles D. Brown M. D.(Address) Sabiney Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	FEb 8 1937	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. 8.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

Date of onset

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage FEB 6 1937

July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man has had aching feelings for past 4 yrs. Has seen many local specialists who have all agreed in diagnosis. He died very suddenly night of Jun 24, '37.

STATE OF MARYLAND—CERTIFICATE OF DEATH

916

1. PLACE OF DEATH

County Wicomico.

(No)

Registration Dist. No.

333

Village or City Delmar.

St. Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Florence Melvina Northrup.

If U. S. Veteran, specify WAR

(a) Residence: No.

Delmar, Md.

St. Ward

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed,
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Northrup, dec'd.		

6. DATE OF BIRTH (month, day, and year) January 6th 18697. AGE Years Months Days If LESS than
68 0 24 1 day, hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	House-work
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	Jan. 27 th 1937
11. Total time (years) spent in this occupation	Life

12. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.13. NAME James Bowdle,
14. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.15. MAIDEN NAME Margaret Stack,
16. BIRTHPLACE (city or town) Caroline Co.
(State or country) Md.17. INFORMANT Miss May Bowdle,
(Address) Federalsburg, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Hurlock, Md. Date Feb. 1st, 193719. UNDERTAKER J. J. Frampton & Son,
(Address) Federalsburg, Md.20. FILED Jan. 30, 1937 by May Turner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January, 30th, 1937
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Jan. 22, 1937, to Jan. 30, 1937. I last saw her alive on Jan. 29, 1937; death is said to have occurred on the date stated above, at 12:05 m. A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Phlebitis & Broncho Pneumonia B. D.

Date of onset

Other Contributory Causes of importance:

Acute edema of lungs & Cardiac dilatation

18 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify J. J. Lynch(Signed) J. J. Lynch M. D.(Address) Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store**, **soap factory**, **cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic interstitial nephritis
Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	<i>Attack of epilepsy</i>	1 week ago
1921	<i>Run over by street car</i>	1 week ago
July 5, 1927	<i>Peritonitis</i>	3 days ago
	Other contributory causes of importance:	
May 1, 1928	<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

917

1. PLACE OF DEATH

County *Wicomico*Registration Dist. No. *333*Village or City *in Salisbury*No. *231* *St. E. Shore Branch* *13* WardLength of residence in city or town where death occurred *27* yrs.mos. *10* ds. How long in U.S. if of foreign birth? yrs.

mos. ds.

2. FULL NAME *Raymond Woodrow Neal*(a) Residence: No. *Delmar, Md*

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
--------------------	-------------------------------	---

5a. If married, widowed, or divorced
 HUSBAND OF (or) WIFE OF *Luth Hastings Neal*

6. DATE OF BIRTH (month, day, and year) *Dec. 9, 1917*

7. AGE <i>24</i>	Years	Months <i>1</i>	Days <i>20</i>	If LESS than 1 day, _____ hrs. or _____ min.
------------------	-------	-----------------	----------------	--

OCCUPATION
 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *Waiter*
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year) *6/1936* 11. Total time (years) spent in this occupation *2 1/2 yrs.*

12. BIRTHPLACE (city or town) *Delmar, Md*
 (State or country)

13. NAME <i>Daniel F. Neal</i>
14. BIRTHPLACE (city or town) <i>Delmar, Md.</i> (State or country)

15. MAIDEN NAME <i>Edith M. Hastings</i>
16. BIRTHPLACE (city or town) <i>Kenmore, Md.</i> (State or country)

17. INFORMANT *Deceased*
 (Address)18. BURIAL, CREMATION, OR REMOVAL *Delmar, Md.*
 Place *St. E. Shore Branch* Date *Jan 12, 1937*19. UNDERTAKER *Gill S. Magruder*
 (Address) *Delmar, Md.*20. FILED *Jan 10, 1937* *R. May Turner*
 Registrars

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Jan 9, 1937*

(Month) (day) (Year)

22. I HEREBY CERTIFY That I attended deceased from *Jan 1, 1937* to *Jan 9, 1937*
 I last saw him alive on *Jan 9, 1937*; death is said
 to have occurred on the date stated above, at *10:50 A.M.*,
 The PRINCIPAL CAUSE OF DEATH and related causes of importance
 were as follows:

Pulmonary tuberculosis Date of onset *8 mo ago*

Other Contributory Causes of Importance:

Intracranial meningitis Date *2 day*

Name of operation *Knee* Date of *_____*

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Raymond F. Neal* M. D.
 (Signed) *MD. J. B. Salter* (Address) *Edgar Shore Branch*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	FEB 8 1937	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

918

1. PLACE OF DEATH

County WicomicoVillage or City Salisbury MdLength of residence in city or town where death occurred 61 yrs.mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME George R. Parker(a) Residence: No. 406 Baker

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofNancy J. Parker

6. DATE OF BIRTH (month, day, and year)

May. 25 - 1875

7. AGE Years 61 Months 7 Days 6 If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 193511. Total time (years) spent in this occupation 1012. BIRTHPLACE (city or town)
(State or country)Parsonbury Md

MOTHER FATHER

13. NAME George B. Parker14. BIRTHPLACE (city or town)
(State or country)Parsonbury Md15. MAIDEN NAME Martha Parsons16. BIRTHPLACE (city or town)
(State or country)Parsonbury Md17. INFORMANT E. Lawrence Parker
(Address) 406 Baker St Salisbury18. BURIAL, CREMATION, OR REMOVAL
Place Parsonbury Date Jan. 3, 193719. UNDERTAKER Holloway & C.
(Address) Salisbury Md20. FILED Jan 3, 1937 S. May Turner
RegistrarDr. Mann

51-C

Registration Dist. No. 333No. 406 BakerSt. 5 Ward 5

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

If U. S. Veteran, specify WAR

St. 5 Ward 5 Salisbury Md

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 1, 1937
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct. 36, to Jan. 1, 1937I last saw him alive on Oct. 1, 1937; death is said
to have occurred on the date stated above, at 8:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of Prostate
Date of onset about 1921

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Med

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Wm. R. Mann M. D.(Address) Salisbury Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	FEB 6 1927
Cerebral hemorrhage	
BUREAU V. S.	

Other contributory causes of importance:

Gallstones May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

919

1. PLACE OF DEATH

County WicomicoRegistration Dist. No. 331Village or City BelvoirSt. WardLength of residence in city or town where death occurred lifeNo. (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U. S. If of foreign birth? years mos.2. FULL NAME Wilmer C. Phillips(a) Residence: No. Belvoir

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED married (Write the word)6a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF Brookside Kennedy6. DATE OF BIRTH (month, day, and year) Oct. 13, 19067. AGE 30 Years 3 Months 17 Dey If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Bus. Driver9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. Red Star Livery, Inc.10. Date deceased last worked at
this occupation (month and
year) 1/3711. Total time (years)
spent in this
occupation 6 yrs.12. BIRTHPLACE (city or town)
(State or country) Mr. Snow Hill13. NAME Wilmer Phillips14. BIRTHPLACE (city or town)
(State or country) Mr. Snow Hill15. MAIDEN NAME Minnie Bowen16. BIRTHPLACE (city or town)
(State or country) Snow Hill17. INFORMANT Wilmer C. Phillips
(Address) Belvoir, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Belvoir Date Feb. 2, 193719. UNDERTAKER W. G. Messick & Sons
(Address) Belvoir, Md.20. FILED Jan. 31, 1937 M. D. W. H. Staelin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 30(Month) Jan (Day) 30, (Year) 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan 23, 1937, to Jan 30, 1937.I last saw him alive on Jan 26, 1937, death is said
to have occurred on the date stated above, at 6 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Labar pneumonia (St. Louis)Date of onset 2 days

Other Contributory Causes of Importance:

Cardiac failure (dilatation) 24 hours

Name of operation _____ Data of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. H. Lynch M. D.
(Address) Belvoir, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	FEED 5 1927	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

920

1. PLACE OF DEATH

County MonocacyVillage or City Salisbury MD

Length of residence in city or town where death occurred

(96)

No. 410 Gordon St. 9 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of time in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucile Pinkett(a) Residence: No. 410 Gordon

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Mar 2 1880

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

56 18

2

OCCUPATION

MOTHER FATHER

MOTHER FATHER

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) Dec 24 193611. Total time (years)
spent in this
occupation 18

12. BIRTHPLACE (city or town)

(State or country)

13. NAME Aura Pinkett

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME Sarah Pinkett

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT Edna Venables

(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

Place Mt. Vernon CemeteryDate Jan 7, 193719. UNDERTAKER James T. Stewart

(Address)

20. FILED Jan 6, 1937

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan 4, 1937
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 24, 1936, to Jan 3, 1937; death is saidI last saw her alive on Jan 3, 1937; death is said
to have occurred on the date stated above, at 6 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Colon Pneumonia Date of onset Dec 24

Other Contributory Causes of importance:

anemia

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James T. Stewart M. D.(Address) Salisbury, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

STATE OF MARYLAND—CERTIFICATE OF DEATH

921

1. PLACE OF DEATH

County

Wicomico

Registration Dist. No. 333

Village or City

Salisbury

No. Peninsula Pen. Hospital

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Salisbury, Md. St. — Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

Sa. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Monson L. Pyle

6. DATE OF BIRTH (month, day, and year)

Dec 23, 1857

7. AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	79	0	11	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town)
(State or country)

Md.

13. NAME	14. BIRTHPLACE (city or town) (State or country)
	Unknown

15. MARIEN NAME	16. BIRTHPLACE (city or town) (State or country)
	Unknown

17. INFORMANT	Monson L. Pyle
(Address)	Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL	Landow Park Cemetery
Place	Baltimore, Md. Date Jan 5, 1937

19. UNDERTAKER	M. Pauli Wilson
(Address)	Salisbury, Md.

20. FILED	Jan 3, 1937 by May Turner
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

1 - 3

(Month)

(Day)

1937

(Year)

22. I HEREBY CERTIFY. That I attended deceased from
12-29, 1936, to 1-3, 1937I last saw him alive on 1-3, 1937; death is said
to have occurred on the date stated above, at 8:55 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Carcinoma of Cervix

Date of onset
3/9/36

Other Contributory Causes of Importance:

Chronic Myocarditis

5 yrs.

Name of operation None Date of

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. A. Radin, M.D.
(Address) 112 Main St.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	FEB 6 1937	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

922

1. PLACE OF DEATH

County

Thicomico

51-C

Registration Dist. No.

333

Village or City

Salisbury

St.

Ward

Length of residence in city or town where death occurred

5 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Gordon H. Redden

If U. S. Veteran, specify WAR

(a) Residence: No.

410 Davis St.

St.

Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Sarahannah E. Redden

Married

6. DATE OF BIRTH (month, day, and year)

Oct. 16, 1859

7. AGE

Years

77

Months

3

Days

11

If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

10-1886

11. Total time (years)
spent in this
occupation

60 yrs

12. BIRTHPLACE (city or town)

(State or country)

Poocomoke

Maryland

MOTHER

FATHER

13. NAME

William Redden

14. BIRTHPLACE (city or town)

(State or country)

Poocomoke

Maryland

15. MAIDEN NAME

Cleance Harey

16. BIRTHPLACE (city or town)

(State or country)

Poocomoke

Maryland

17. INFORMANT

Mrs. Anna Brittingham

(Address)

410 Davis Street.

18. BURIAL, CREMATION, OR REMOVAL

Place

Parsoni Cem.

Date Jan. 29, 1937

19. UNDERTAKER

The Hill of Johnson Co.

(Address)

Salisbury Md.

20. FILED

Jan 29, 1937

8 May 1937

Registrar.

21. DATE OF DEATH

Jan. 27
(Month)
(Day)1937
(Year)I HEREBY CERTIFY. That I attended deceased from
Oct. 15, 1936, to Jan. 26, 1937; death is saidI last saw him alive on Jan. 26, 1937; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of prostate
with metastasesData of onset
Unknown

Other Contributory Causes of Importance:

Name of operation Prostatectomy Date of Oct. 20, 1936

What test confirmed diagnosis lab & clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

G. W. K. M. D.
Salisbury, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

RECEIVED
FEB 6 1937

REAU V. S.

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

1 week ago

Peritonitis

Date of onset

3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

923

1. PLACE OF DEATH

County *Wicomico*Village or City *Salisbury*

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

(181)

Registration Dist. No. *333*St. *13* Ward

2. FULL NAME

(a) Residence: No.

William Redden
Berlin MD

(Usual place of abode)

No. If death occurred in a hospital or institution, give its NAME instead of street and number

If U. S. Veteran, specify WAR *No*

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Male*4. COLOR OR RACE *Colored*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) *Married*6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*Angie Redden*

6. DATE OF BIRTH (month, day and year)

Don't Know

7. AGE

Years *About 45*

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *Farmer*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. *Groom*10. Date deceased last worked at
this occupation (month and
year) *Dec 1937*11. Total time (years)
spent in this
occupation *15 yrs*12. BIRTHPLACE (city or town)
(State or country) *Maryland*13. NAME *Don't Know*14. BIRTHPLACE (city or town)
(State or country) *14*15. MAREN NAME *Don't Know*16. BIRTHPLACE (city or town)
(State or country) *11*

17. INFORMANT

(Address) *Snow Hill MD*

18. BURIAL, CREMATION, OR REMOVAL

Place *Maryland*Date *Jan 16, 1937*

19. UNDERTAKER

(Address) *Snow Hill MD*

20. FILED

Date *Jan 16, 1937*By *W. Mayburn*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January 14

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

*Jan 9 to Jan 14, 1937*last saw him alive on *Jan 14, 1937*; death is saidto have occurred on the date stated above, at *8:55 a.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Severe burns on
neck*

Date of report

Redden

Other Contributory Causes of importance:

*Septicemia**Redden*

Name of operation

Date of

What test confirmed diagnosis *Chemical* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *Scalders* Date of Injury *January 14, 1937*Where did injury occur? *Filling station*

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

*Public place**Gasoline tank**Burned neck*

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address) *Salisbury MD*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	
	FEB 6 1937

Other contributory causes of importance:

Gallstones

Date of onset

1915

Date of onset

1921

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

May 1, 1923

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man was buried some time before being sent to Hospital; I do not know date; it occurred somewhere west Berlin, and I didn't know

STATE OF MARYLAND—CERTIFICATE OF DEATH

924

1. PLACE OF DEATH

County McComicsVillage or City Saboty Md.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Bethra E. Robertson If U. S. Veteran specify WAR(a) Residence: No. R.F.D. #3

(Usual place of abode)

Registration Dist. No. 333

St. 5 Ward

No. R.F.D. #3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6a. If married, widowed, or divorced

(or) WIFE of Dallas S. Robertson

6. DATE OF BIRTH (month, day, and year)

May 1, 1896

7. AGE

Years 40 Months 8 Days 18If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Operator at shirt factory

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 193611. Total time (years) spent in this occupation 16 yrs.

12. BIRTHPLACE (city or town)

(State or country) May Parsonsburg Md.

13. NAME

Joseph Ermine Parsonsburg Md.

14. BIRTHPLACE (city or town)

(State or country) Parsonsburg Md.

15. MAIDEN NAME

Sarah White.

16. BIRTHPLACE (city or town)

(State or country) Parsonsburg Md.

17. INFORMANT

(Address) R.F.D. #3 Saboty Md.

18. BURIAL, CREMATION, OR REMOVAL

(Place) Parsonsburg Cem. (Date) Feb. 21, 1937

19. UNDERTAKER

(Address) Holloway & Co. Saboty Md.

20. FILED

(Date) Jan 21, 1937 (By) May Turner (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 19,(Month) Jan.(Day) 19(Year) 1937

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on Sept. 18, 1936 to Jan. 19, 1937; death is saidto have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Long abscess

Data of onset

15 weeks

Other Contributory Causes of Importance:

Robertson suffered from
with tuberculosis
left sideName of operation removal of abscess Date of 1936What test confirmed diagnosis? Physical exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 1937

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) May Turner M. D.(Address) 12 Main St. Saboty, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	FEB 6 1927	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

925

1. PLACE OF DEATH

County WicomicoVillage or City Salisbury Hospital

Length of residence in city or town where death occurred _____ yrs.

Registration Dist. No. 333 No. P.S. Hospital St. 13 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. 4 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Gertrude R. Scott(a) Residence: No. Bridgewater, Delaware Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word)
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) February 5, 1920

7. AGE <u>16</u> Years	Months <u>11</u>	Days <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

School girl12. BIRTHPLACE (city or town)
(State or country) Bridgewater, Delaware13. NAME Norman H. Scott14. BIRTHPLACE (city or town)
(State or country) Salisbury, Maryland15. MAIDEN NAME Wilma R. Reid16. BIRTHPLACE (city or town)
(State or country) Bridgewater, Delaware17. INFORMANT Mr. Norman Scott
(Address) Bridgewater, Delaware18. BURIAL, CREMATION, OR REMOVAL
Place Bridgewater, Delaware Day January 31, 193719. UNDERTAKER Holloway & Co.
(Address) January 31, 193720. FILED Jan 28, 1937 S. May Turner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January(Month) 28 (Day)1937 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Nov. 1937, to Jan 28, 1937

I last saw her alive on Jan 28, 1937; death is said

to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bacillary dysentery
(Krause type)Date of onset
3 weeks

Other Contributory Causes of Importance:

Name of operation None Date ofWhat test confirmed diagnosis? Salinity Was there an autopsy? No23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) La Rademacher M. D.(Address) 112 Main St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	1907	1921
Cerebral hemorrhage	1927	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

926

1. PLACE OF DEATH

County WicomicoVillage or City Selbyville

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

William Elton Shockley(a) Residence: No. Brown Hill MD

(Usual place of abode)

Registration Dist. No. 333No. Pennsboro Hospital St. 13 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

RECEIVED

FEB 6 1937

Cerebral hemorrhage	Date of onset
	July 5, 1927

RECEIVED

FEB 6 1937

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1928

RECEIVED

FEB 6 1937

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED

FEB 6 1937

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

RECEIVED

FEB 6 1937

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

927

1. PLACE OF DEATH

County MarylandVillage or City Salisbury

Length of residence in city or town where death occurred

7 yrs.

(163)

Registration Dist. No.

333

Ward

Peninsula General Hospital St. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Taylor(a) Residence: No. South Division

(Usual place of abode)

St. 9 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 9, 1876

7. AGE Years Months Days If LESS than
1 day, hrs.
or min.

62

6

5

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Carp

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

Restaurant

10. Date deceased last worked at
this occupation (month and
year)

6/17/36

11. Total time (years)
spent in this
occupation 1 yrs.12. BIRTHPLACE (city or town)
(State or country)

Maryland

13. NAME Samuel G. Taylor14. BIRTHPLACE (city or town)
(State or country)

Maryland

15. MAIDEN NAME Sarah G. Deveraux16. BIRTHPLACE (city or town)
(State or country)

Maryland

17. INFORMANT Henry S. Taylor
(Address) Salisbury, Md.18. BURIAL, CREMATION, OR REMOVAL
Place New Hill, Md. Date 1/6/37 1919. UNDERTAKER The Hill & Johnson Co.
(Address) Salisbury, Md.20. FILED Jan 6, 1936 By May Farmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 4

(Month)

, 1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec. 27, 1936, to Jan. 4, 1937
I last saw deceased alive on Jan. 3, 1937; death is said
to have occurred on the date stated above, at 5 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Baclofen & poison
ing: probably suicidal.

Date of onset

Dec. 27,

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) May Farmer M. D.(Address) Salisbury, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	FEB 6 1931
Cerebral hemorrhage	BUREAU V. A.
Other contributory causes of importance:	

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotcl, etc. For a person who had no occupation whatever write none.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		1915
Chronic interstitial nephritis	FEB 6 1937	1921
Cerebral hemorrhage		July 5, 1927
	BUREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

925

1. PLACE OF DEATH

County MontgomeryVillage or City Selbyville Md.Dr. Brown

146

Registration Dist. No. 333

Length of residence in city or town where death occurred 30 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. R.F.D. #3 St. 5 Ward 5mos. 4 ds. How long in U. S. if of foreign birth? 0 yrs. mos. 0 ds.

2. FULL NAME

(a) Residence: No. R.F.D. #3

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

6. If married, widowed, or divorced

HUSBAND of (or) WIFE of Emory H. Tilghman

6. DATE OF BIRTH (month, day and year)

Feb. 26-1906

7. AGE

Years 30 Months 11 Days 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home work10. Date deceased last worked at this occupation (month and year) at Home11. Total time (years) spent in this occupation 1112. BIRTHPLACE (city or town) Near Delmar(State or country) Del.13. NAME Benjamin Phillips14. BIRTHPLACE (city or town) Baltimore(State or country) Md.15. MAIDEN NAME Carrie Austin16. BIRTHPLACE (city or town) Near Selbyville Md.(State or country) Md.17. INFORMANT Emory H. Tilghman(Address) R.F.D. #3 Selbyville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Selbyville Cem. Date Feb. 11, 193719. UNDERTAKER Holloway & Co.(Address) Selbyville Md.20. FILED Feb. 1, 1937St. May Turner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 30 (Month) 1937 (Year)22. I HEREBY CERTIFY. That I attended deceased from Jan. 30, 1937, to Jan. 30, 1937Last saw her alive on Jan. 30, 1937; death is said to have occurred on the date stated above, at 10:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Eclampsia spasmodic 1937
This delivery was normal except for
convulsions to birth. She had two convulsive seizures
each.

Other Contributory Causes of importance:

Eclampsia spasmodic two years ago after giving birth to triplets
Name of operation Date ofWhat test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injuryNature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify(Signed) Charles M. Brown M. D.
(Address) Salisbury Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	FEB 6 1937	1921
BUREAU U. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Wicomico
Village or City W. H. Wilson

98-C

Registration Dist. No. 331St. 16 Ward

Length of residence in city or town where death occurred 53 yrs. ✓ mos. ✓ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Margaret Catherine Haller

If U. S. Veteran, specify WAR

(a) Residence: No.

(Usual place of abode)

St. 16 Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofJames A. Haller

6. DATE OF BIRTH (month, day, and year)

Nov. 4, 1860.

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

77

1

8

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) ✓f1. Total time (years)
spent in this
occupation ✓12. BIRTHPLACE (city or town)
(State or country)Maryland

13. NAME

John Williams14. BIRTHPLACE (city or town)
(State or country)Maryland

15. MAIDEN NAME

Leah Catherine Luns16. BIRTHPLACE (city or town)
(State or country)Maryland

17. INFORMANT

James A. Haller, Sr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Williams Cemetery, Belvoir

Date

1/14/37

19. UNDERTAKER

Heb. Hill & Son Co.

(Address)

20. FILED

Jan 13, 1936Mrs. J. W. Haller

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan.
(Month)17
(Day)1937
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Dec 15, 1936 to Jan 12, 1937I last saw her alive on Jan 10, 1937; death is said
to have occurred on the date stated above, at 8 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chro. Myocarditis 8/1935

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

James W. Haller

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

931

1. PLACE OF DEATH

County

Coquino

Registration Dist. No.

333

Village or City

Salisbury

No. 13

Ward

Length of residence in city or town where death occurred

1

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

301 Baker St.

St., 5

Ward.

Salisbury Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Clifford Bacon

6. DATE OF BIRTH (month, day, and year)

May 26, 1913

7. AGE

Years

23

Months

7

Days

19

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Waitress

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Mardela

Data of onset

1935

MOTHER FATHER

13. NAME

Lorenzo Dow Bacon

14. BIRTHPLACE (city or town)

(State or country)

Mardela

15. MAIDEN NAME

Mary Phelps

16. BIRTHPLACE (city or town)

(State or country)

Near Delmar

17. INFORMANT

(Address)

Clifford Bacon

18. BURIAL, CREMATION, OR REMOVAL

Place

Parsons Cemetery

Date

Jan. 17, 1937

19. UNDERTAKER

(Address)

Holloway & Co.

20. FILED

(Address)

Salisbury Md.

Jan. 17, 1937

D. May Turner

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Jan. 14, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from
Jan. 11, 1937, to Jan. 14, 1937I last saw her alive on Jan. 14, 1937; death is said
to have occurred on the date stated above, at 11:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary tuberculosis

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

I

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Charlotte D. Leeser

Mrs. tuberculosis Sanatorium M. D.

(Signed)

E. Shore Branch

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

FEB 6 1937

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN